

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF PENNSYLVANIA

Mary A. Hurley

REC'D JUN 21 2024

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

1. Veterans Hospital of Philadelphia
2. Veterans Medical Clinic
3. Veterans Psychiatric Ward 7th Fl  
All Nurses & Doctors on 7th Fl  
Dr Katherine Dilliac  
Dr Jarrell James Matthews  
Dr Chai & every one who  
dispensed wrong medication  
& injections in shoulder

**COMPLAINT**

Jury Trial: ☐ Yes ☐ No

(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

**I. Parties in this complaint:**

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff	Name	<u>Mary A. Hurley</u>
	Street Address	<u>3052 N. 15th Street</u>
	County, City	<u>Philadelphia</u>
	State & Zip Code	<u>PA. 19132</u>
	Telephone Number	<u></u>

- B. List all defendants. You should state the full name of the defendants, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant can be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Veterans Hospital + Veterans Medical Clinic  
 Street Address 3900 Woodland Ave  
 County, City Philadelphia  
 State & Zip Code Pa 19104

Defendant No. 2 Name <sup>Rahleen</sup> Dr Kathleen Dillard 7th Fl 7th West  
 Street Address 3900 Woodland Ave  
 County, City Philadelphia  
 State & Zip Code Pa 19104

Defendant No. 3 Name <sup>7th Fl</sup> Dr Jared James Matthews 7th West  
 Street Address 3900 Woodland Ave  
 County, City Philadelphia  
 State & Zip Code Pa 19104

Defendant No. 4 Name Dr Choi 7th Fl 7th West  
 Street Address 3900 Woodland Ave  
 County, City Philadelphia  
 State & Zip Code Pa 19104

## II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

- A. What is the basis for federal court jurisdiction? (check all that apply)  
☒ Federal Questions ☐ Diversity of Citizenship

- B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? Civil Rights Violations under Section 42 U.S.C. 1983  
Any person who under color of any State, regulation, custom or any State any citizen of the United States within jurisdiction may sue State or local officials for deprivation of any rights, privileges or immunities secured by the Constitution and Federal laws

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship Citizens of the United States of America

Defendant(s) state(s) of citizenship Citizens of the United States of America

### III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? In the city of Philadelphia  
at the Veterans Hospital and medicine clinic

B. What date and approximate time did the events giving rise to your claim(s) occur? I think March  
or May of 2022

C. Facts: Glenn has clumps in her shoulder, left & right shoulder  
from continuous injections in the hospital she doesn't  
the doctors failed to recognize the condition and is a case  
negligence the medical nurse sent her upstairs in 2022  
and they locked her behind doors against her will  
injected her at least twice a day didn't allow her to  
go home this is a pick case they forced medication in  
her system that caused <sup>side</sup> effects stopped her down  
they are prescribing & dispensing medication for medical  
conditions she doesn't have and her history can be proven  
from her childhood development she is not supposed to  
be put in and out of a hospital (Ordered) but if she is  
obligated to serve the hospital patients & the City of  
Philadelphia to be a radio program of problems she never  
grew up with & her mother Mary Bailey are suing the  
VA Hospital and all doctors involved 17 times every  
two years these people use Science, military telecommunications  
to put her mind in a mental state just so she would not  
live the life she always wanted to have I am suing  
for 25 million dollars they failed to put her mind in this  
State she doesn't know if <sup>THE LUMPS ARE</sup> the cancerous, blood clots stop back in  
the Hospital in April of 2022 after coming home in March I need  
to appear in an scheduled court hearing before the courts to explain  
the details of the case

What  
happened  
to you?

Who did  
what?

Was  
anyone  
else  
involved?

Who else  
saw what  
happened?



## IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

her mind was taken away from her put in a confused, disorganized state affected her communication She was put out of her 4 bdrm home to walk around her neighborhood she lived here for just 2 yrs as of today she caused physical damages to her new home she threw out her kitchen set lamps 50" color plasma TV. She was in a car accident a car crash it put her eyes in a bugged eyed state she was given a DUI Record and never used drugs misdiagnosed medication the hospital forced her to take put her mind in a psychosis state (clozapine) Tramazone an antidepressant medication she never said she was depressed she has cut bruises across her neck she almost her neck she never knew what happened the next day in the hospital in 2017 This technology put her in a mental state of mind off + on

## V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

I want my daughter to be compensated for the damages they caused being the pain & suffering. I am asking the Court to order all parties to a court hearing in court so I can get a better understanding why did they choose my daughter to take up for all the problems of other people having + her to sacrifice her life for + whatever other reasons I can't understand being worked hard growing up got good grades A student since elementary played the victim at 17 yrs of age until she was 17 yrs of age wanted to become someone with a life & career after graduating she wanted to go to college & finally got a degree in 2022 The Highest Honor on the Deans list Summa Cum Laude studied to become a Real Estate Realtor passed those courses she worked for legal shelter had her own business cards She has been hospitalized across the city 17 times they have to be an explanation from all I am working on representation to help her get compensated & peace of mind they keep tampering with her mind taking control and they have to pay.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 21<sup>st</sup> day of June, 2024.

Signature of Plaintiff Mary Harney

Mailing Address 3052 N. 15th Street

Telephone Number \_\_\_\_\_

Fax Number (if you have one) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: \_\_\_\_\_

Inmate Number \_\_\_\_\_